

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LAC+USC MEDICAL CENTER
PAYOR CONTRACT - SHOPPABLE OUTPATIENT SERVICES BY PROCEDURE*
EFFECTIVE JANUARY 1, 2022
UPDATED AS OF 12/15/2021

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
0296T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)	PRIMARY PROCEDURE	0296T		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION	PRIMARY PROCEDURE	10005		\$ 160.21	not contracted	\$ 160.21	not contracted	\$ 160.21	not contracted	\$ 160.21	\$ 160.21
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	88173		\$ 51.98	not contracted	\$ 51.98	not contracted	\$ 51.98	not contracted	\$ 51.98	\$ 51.98
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	78014		\$ 315.73	not contracted	\$ 315.73	not contracted	\$ 315.73	not contracted	\$ 315.73	\$ 315.73

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION	PRIMARY PROCEDURE	11055		\$ 24.03	not contracted	\$ 24.03	not contracted	\$ 24.03	not contracted	\$ 24.03	\$ 24.03
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	PRIMARY PROCEDURE	15850		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	PRIMARY PROCEDURE	19120		\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	\$ 302.26

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19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERIOR TRUNK AND PERINEUM; NOT OTHERWISE SPECIFIED	00400		\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	\$ 54.46
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	\$ 4.63
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		\$ 20.77	not contracted	\$ 20.77	not contracted	\$ 20.77	not contracted	\$ 20.77	\$ 20.77
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	PRIMARY PROCEDURE	20552		\$ 75.29	not contracted	\$ 75.29	not contracted	\$ 75.29	not contracted	\$ 75.29	\$ 75.29

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20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	76942		\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	\$ 72.61
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLES	PRIMARY PROCEDURE	20553		\$ 80.64	not contracted	\$ 80.64	not contracted	\$ 80.64	not contracted	\$ 80.64	\$ 80.64
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLES	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	76942		\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	\$ 72.61
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITH ULTRASOUND GUIDANCE, WITH PERMANENT RECORDING AND REPORTING	PRIMARY PROCEDURE	20611		\$ 75.84	not contracted	\$ 75.84	not contracted	\$ 75.84	not contracted	\$ 75.84	\$ 75.84
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	PRIMARY PROCEDURE	25608		\$ 946.53	not contracted	\$ 946.53	not contracted	\$ 946.53	not contracted	\$ 946.53	\$ 946.53
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	C1713		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL RADIUS, DISTAL ULNA, WRIST, OR HAND JOINTS; NOT OTHERWISE SPECIFIED	01830		\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	\$ 54.46
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	76000		\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	\$ 40.11
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	PRIMARY PROCEDURE	26615		\$ 423.48	not contracted	\$ 423.48	not contracted	\$ 423.48	not contracted	\$ 423.48	\$ 423.48
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL RADIUS, DISTAL ULNA, WRIST, OR HAND JOINTS; NOT OTHERWISE SPECIFIED	01830		\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	\$ 54.46
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	76000		\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	\$ 40.11
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	PRIMARY PROCEDURE	27096		\$ 421.34	not contracted	\$ 421.34	not contracted	\$ 421.34	not contracted	\$ 421.34	\$ 421.34
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR	77003		\$ 81.59	not contracted	\$ 81.59	not contracted	\$ 81.59	not contracted	\$ 81.59	\$ 81.59
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	PRIMARY PROCEDURE	27792		\$ 544.17	not contracted	\$ 544.17	not contracted	\$ 544.17	not contracted	\$ 544.17	\$ 544.17
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	C1713		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED	01480		\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	\$ 54.46

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27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	76000		\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	\$ 40.11
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	73610		\$ 36.06	not contracted	\$ 36.06	not contracted	\$ 36.06	not contracted	\$ 36.06	\$ 36.06
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84

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27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	PRIMARY PROCEDURE	27814		\$ 725.75	not contracted	\$ 725.75	not contracted	\$ 725.75	not contracted	\$ 725.75	\$ 725.75
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	C1713		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED	01480		\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	\$ 54.46
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	76000		\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	\$ 40.11

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	73610		\$ 36.06	not contracted	\$ 36.06	not contracted	\$ 36.06	not contracted	\$ 36.06	\$ 36.06
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	PRIMARY PROCEDURE	28485		\$ 673.41	not contracted	\$ 673.41	not contracted	\$ 673.41	not contracted	\$ 673.41	\$ 673.41
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	C1713		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED	01480		\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	\$ 54.46
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	76000		\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	\$ 40.11

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	73630		\$ 34.74	not contracted	\$ 34.74	not contracted	\$ 34.74	not contracted	\$ 34.74	\$ 34.74
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	PRIMARY PROCEDURE	29826		\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	\$ 605.06

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	29824		\$ 742.30	not contracted	\$ 742.30	not contracted	\$ 742.30	not contracted	\$ 742.30	\$ 742.30
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		\$ 12.49	not contracted	\$ 12.49	not contracted	\$ 12.49	not contracted	\$ 12.49	\$ 12.49
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	PRIMARY PROCEDURE	29881		\$ 790.35	not contracted	\$ 790.35	not contracted	\$ 790.35	not contracted	\$ 790.35	\$ 790.35
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT OTHERWISE SPECIFIED	01400		\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	\$ 72.55
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG, UTILIZING IMMUNOASSAY [EG, DIPSTICKS, CUPS, CARDS,	80305		\$ 9.98	not contracted	\$ 9.98	not contracted	\$ 9.98	not contracted	\$ 9.98	\$ 9.98

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	\$ 4.63
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 7.14	not contracted	\$ 7.14	not contracted	\$ 7.14	not contracted	\$ 7.14	\$ 7.14
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.86	not contracted	\$ 4.86	not contracted	\$ 4.86	not contracted	\$ 4.86	\$ 4.86
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS	97161		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S),	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	PRIMARY PROCEDURE	31502		\$ 85.45	not contracted	\$ 85.45	not contracted	\$ 85.45	not contracted	\$ 85.45	\$ 85.45
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	PRIMARY PROCEDURE	32554		\$ 106.27	not contracted	\$ 106.27	not contracted	\$ 106.27	not contracted	\$ 106.27	\$ 106.27
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES	PRIMARY PROCEDURE	36224		\$ 402.65	not contracted	\$ 402.65	not contracted	\$ 402.65	not contracted	\$ 402.65	\$ 402.65
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING	76376		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL, AND/OR INTRACRANIAL VESSELS, UNILATERAL OR BILATERAL, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND	36221		\$ 249.38	not contracted	\$ 249.38	not contracted	\$ 249.38	not contracted	\$ 249.38	\$ 249.38

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES, UNILATERAL, WITH ANGIOGRAPHY OF THE SELECTED VESSEL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION	36228		\$ 260.07	not contracted	\$ 260.07	not contracted	\$ 260.07	not contracted	\$ 260.07	\$ 260.07
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER	PRIMARY PROCEDURE	36558		\$ 194.55	not contracted	\$ 194.55	not contracted	\$ 194.55	not contracted	\$ 194.55	\$ 194.55
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	J7040		\$ 5.91	not contracted	\$ 5.91	not contracted	\$ 5.91	not contracted	\$ 5.91	\$ 5.91
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	\$ 4.76

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	PRIMARY PROCEDURE	36561		\$ 372.94	not contracted	\$ 372.94	not contracted	\$ 372.94	not contracted	\$ 372.94	\$ 372.94
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (CATHETER ONLY OR COMPLETE), OR REMOVAL (INCLUDES FLUOROSCOPIC GUIDANCE FOR VASCULAR ACCESS AND CATHETER MANIPULATION, ANY	77001		\$ 91.17	not contracted	\$ 91.17	not contracted	\$ 91.17	not contracted	\$ 91.17	\$ 91.17
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	\$ 4.76
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST), INCLUDES BASIC DOSIMETRY CALCULATION(S)	77306		\$ 184.59	not contracted	\$ 184.59	not contracted	\$ 184.59	not contracted	\$ 184.59	\$ 184.59
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NEEDLE ENTRY,	76937		\$ 40.38	not contracted	\$ 40.38	not contracted	\$ 40.38	not contracted	\$ 40.38	\$ 40.38
36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, INCLUDING ALL IMAGING GUIDANCE, IMAGE DOCUMENTATION, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND	PRIMARY PROCEDURE	36573		\$ 520.67	not contracted	\$ 520.67	not contracted	\$ 520.67	not contracted	\$ 520.67	\$ 520.67
36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, INCLUDING ALL IMAGING GUIDANCE, IMAGE DOCUMENTATION, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	36571		\$ 435.63	not contracted	\$ 435.63	not contracted	\$ 435.63	not contracted	\$ 435.63	\$ 435.63
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	PRIMARY PROCEDURE	36589		\$ 194.92	not contracted	\$ 194.92	not contracted	\$ 194.92	not contracted	\$ 194.92	\$ 194.92

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 451.25	not contracted	\$ 451.25	not contracted	\$ 451.25	not contracted	\$ 451.25	\$ 451.25
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	PRIMARY PROCEDURE	36590		\$ 229.63	not contracted	\$ 229.63	not contracted	\$ 229.63	not contracted	\$ 229.63	\$ 229.63
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 451.25	not contracted	\$ 451.25	not contracted	\$ 451.25	not contracted	\$ 451.25	\$ 451.25
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	PRIMARY PROCEDURE	36818		\$ 584.03	not contracted	\$ 584.03	not contracted	\$ 584.03	not contracted	\$ 584.03	\$ 584.03
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	\$ 7.35
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	\$ 4.76

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	PRIMARY PROCEDURE	36819		\$ 780.21	not contracted	\$ 780.21	not contracted	\$ 780.21	not contracted	\$ 780.21	\$ 780.21
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	\$ 7.35
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	\$ 4.76
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	36832		\$ 886.49	not contracted	\$ 886.49	not contracted	\$ 886.49	not contracted	\$ 886.49	\$ 886.49
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	01844		\$ 108.91	not contracted	\$ 108.91	not contracted	\$ 108.91	not contracted	\$ 108.91	\$ 108.91
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	\$ 7.35
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	PRIMARY PROCEDURE	36901		\$ 743.36	not contracted	\$ 743.36	not contracted	\$ 743.36	not contracted	\$ 743.36	\$ 743.36
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	80048		\$ 6.76	not contracted	\$ 6.76	not contracted	\$ 6.76	not contracted	\$ 6.76	\$ 6.76
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	85027		\$ 5.17	not contracted	\$ 5.17	not contracted	\$ 5.17	not contracted	\$ 5.17	\$ 5.17

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	\$ 4.76

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL	PROTHROMBIN TIME;	85610		\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	\$ 3.43
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	PRIMARY PROCEDURE	42820		\$ 241.91	not contracted	\$ 241.91	not contracted	\$ 241.91	not contracted	\$ 241.91	\$ 241.91
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	00170		\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	\$ 90.84
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	\$ 4.63
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55

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					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIAL/VENTRICULAR ANUS, TAG APPENDIX, OTHER THAN INCIDENTAL ARTERY, ATHEROMATOUS PLAQUE BARTHOLIN'S	88304		\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	\$ 30.48
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
43235	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	43235		\$ 321.48	not contracted	\$ 321.48	not contracted	\$ 321.48	not contracted	\$ 321.48	\$ 321.48
43235	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
43235	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
43239	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	43239		\$ 335.91	not contracted	\$ 335.91	not contracted	\$ 335.91	not contracted	\$ 335.91	\$ 335.91

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					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
43239	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
43239	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
43239	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
43244	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES	PRIMARY PROCEDURE	43244		\$ 308.14	not contracted	\$ 308.14	not contracted	\$ 308.14	not contracted	\$ 308.14	\$ 308.14
43244	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
43244	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
43247	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)	PRIMARY PROCEDURE	43247		\$ 366.35	not contracted	\$ 366.35	not contracted	\$ 366.35	not contracted	\$ 366.35	\$ 366.35

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
43247	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
43247	ESOPHAGOGASTRODUODENOS COPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE; NOT REQUIRING REVISION OF GASTROSTOMY TRACT	PRIMARY PROCEDURE	43762		\$ 294.25	not contracted	\$ 294.25	not contracted	\$ 294.25	not contracted	\$ 294.25	\$ 294.25
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	44388		\$ 229.63	not contracted	\$ 229.63	not contracted	\$ 229.63	not contracted	\$ 229.63	\$ 229.63
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	44389		\$ 259.54	not contracted	\$ 259.54	not contracted	\$ 259.54	not contracted	\$ 259.54	\$ 259.54

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	PRIMARY PROCEDURE	4450F		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT	92012		\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	\$ 53.29
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	45330		\$ 78.50	not contracted	\$ 78.50	not contracted	\$ 78.50	not contracted	\$ 78.50	\$ 78.50
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	45378		\$ 423.48	not contracted	\$ 423.48	not contracted	\$ 423.48	not contracted	\$ 423.48	\$ 423.48
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	\$ 473.68
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	PRIMARY PROCEDURE	45381		\$ 592.05	not contracted	\$ 592.05	not contracted	\$ 592.05	not contracted	\$ 592.05	\$ 592.05
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	\$ 473.68
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	45385		\$ 574.08	not contracted	\$ 574.08	not contracted	\$ 574.08	not contracted	\$ 574.08	\$ 574.08
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	PRIMARY PROCEDURE	45385		\$ 574.08	not contracted	\$ 574.08	not contracted	\$ 574.08	not contracted	\$ 574.08	\$ 574.08
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	\$ 473.68
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	PRIMARY PROCEDURE	45391		\$ 243.35	not contracted	\$ 243.35	not contracted	\$ 243.35	not contracted	\$ 243.35	\$ 243.35
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	\$ 473.68
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	\$ 7.35
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	\$ 4.63
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	J0360		\$ 10.15	not contracted	\$ 10.15	not contracted	\$ 10.15	not contracted	\$ 10.15	\$ 10.15

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	J2370		\$ 8.32	not contracted	\$ 8.32	not contracted	\$ 8.32	not contracted	\$ 8.32	\$ 8.32
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM, AND ADJACENT STRUCTURES	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		\$ 241.38	not contracted	\$ 241.38	not contracted	\$ 241.38	not contracted	\$ 241.38	\$ 241.38
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	77012		\$ 159.29	not contracted	\$ 159.29	not contracted	\$ 159.29	not contracted	\$ 159.29	\$ 159.29

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	88341		\$ 60.62	not contracted	\$ 60.62	not contracted	\$ 60.62	not contracted	\$ 60.62	\$ 60.62
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	88342		\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	\$ 53.79
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION BONE - BIOPSY/CURETTINGS BONE FRAGMENT(S), PATHOLOGIC FRACTURE BRAIN, BIOPSY BRAIN/MENINGES, TUMOR RESECTION BREAST, EXCISION OF	88307		\$ 87.64	not contracted	\$ 87.64	not contracted	\$ 87.64	not contracted	\$ 87.64	\$ 87.64
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON, TRICHROME), EXCEPT STAIN FOR MICROORGANISMS, STAINS FOR ENZYME CONSTITUENTS, OR IMMUNOCYTOCHEMISTRY AND IMMUNOHISTOCHEMISTRY	88313		\$ 38.56	not contracted	\$ 38.56	not contracted	\$ 38.56	not contracted	\$ 38.56	\$ 38.56

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	PRIMARY PROCEDURE	47536		\$ 1,078.74	not contracted	\$ 1,078.74	not contracted	\$ 1,078.74	not contracted	\$ 1,078.74	\$ 1,078.74
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GENITOURINARY SYSTEM, ABSCESS), RADIOLOGICAL SUPERVISION AND INTERPRETATION	75984		\$ 97.15	not contracted	\$ 97.15	not contracted	\$ 97.15	not contracted	\$ 97.15	\$ 97.15
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	J7040		\$ 5.91	not contracted	\$ 5.91	not contracted	\$ 5.91	not contracted	\$ 5.91	\$ 5.91

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	J2543		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 668.60	not contracted	\$ 668.60	not contracted	\$ 668.60	not contracted	\$ 668.60	\$ 668.60
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY; NOT OTHERWISE SPECIFIED	00790		\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 127.00	\$ 127.00

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					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	J7642		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, CEFOXITIN SODIUM, 1 GM	J0694		\$ 9.64	not contracted	\$ 9.64	not contracted	\$ 9.64	not contracted	\$ 9.64	\$ 9.64
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	\$ 4.63
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 7.14	not contracted	\$ 7.14	not contracted	\$ 7.14	not contracted	\$ 7.14	\$ 7.14
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 5.85	not contracted	\$ 5.85	not contracted	\$ 5.85	not contracted	\$ 5.85	\$ 5.85
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 6.36	not contracted	\$ 6.36	not contracted	\$ 6.36	not contracted	\$ 6.36	\$ 6.36
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIAL/VENTRICULAR ANUS, TAG APPENDIX, OTHER THAN INCIDENTAL ARTERY, ATHEROMATOUS PLAQUE BARTHOLIN'S	88304		\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	\$ 30.48
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	PRIMARY PROCEDURE	49082		\$ 84.01	not contracted	\$ 84.01	not contracted	\$ 84.01	not contracted	\$ 84.01	\$ 84.01

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					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	PRIMARY PROCEDURE	49083		\$ 128.88	not contracted	\$ 128.88	not contracted	\$ 128.88	not contracted	\$ 128.88	\$ 128.88
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	PRIMARY PROCEDURE	49505		\$ 493.45	not contracted	\$ 493.45	not contracted	\$ 493.45	not contracted	\$ 493.45	\$ 493.45
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	00830		\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	\$ 72.55
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	93005		\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	\$ 23.52
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	\$ 4.63
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 7.14	not contracted	\$ 7.14	not contracted	\$ 7.14	not contracted	\$ 7.14	\$ 7.14
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	MESH (IMPLANTABLE)	C1781		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		\$ 101.47	not contracted	\$ 101.47	not contracted	\$ 101.47	not contracted	\$ 101.47	\$ 101.47
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (EG, ACID FAST, METHENAMINE SILVER)	88312		\$ 32.83	not contracted	\$ 32.83	not contracted	\$ 32.83	not contracted	\$ 32.83	\$ 32.83
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON, TRICHROME), EXCEPT STAIN FOR MICROORGANISMS, STAINS FOR ENZYME CONSTITUENTS, OR IMMUNOCYTOCHEMISTRY AND IMMUNOHISTOCHEMISTRY	88313		\$ 38.56	not contracted	\$ 38.56	not contracted	\$ 38.56	not contracted	\$ 38.56	\$ 38.56
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	76942		\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	\$ 72.61

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE NEPHROURETERAL CATHETER (EG, EXTERNAL/INTERNAL STENT) REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	PRIMARY PROCEDURE	50387		\$ 647.78	not contracted	\$ 647.78	not contracted	\$ 647.78	not contracted	\$ 647.78	\$ 647.78
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE NEPHROURETERAL CATHETER (EG, EXTERNAL/INTERNAL STENT) REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ 7.25	not contracted	\$ 7.25	not contracted	\$ 7.25	not contracted	\$ 7.25	\$ 7.25
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE NEPHROURETERAL CATHETER (EG, EXTERNAL/INTERNAL STENT) REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 80.93	not contracted	\$ 80.93	not contracted	\$ 80.93	not contracted	\$ 80.93	\$ 80.93
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL	PRIMARY PROCEDURE	50435		\$ 623.06	not contracted	\$ 623.06	not contracted	\$ 623.06	not contracted	\$ 623.06	\$ 623.06

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 84.37	not contracted	\$ 84.37	not contracted	\$ 84.37	not contracted	\$ 84.37	\$ 84.37
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	PRIMARY PROCEDURE	51720		\$ 143.12	not contracted	\$ 143.12	not contracted	\$ 143.12	not contracted	\$ 143.12	\$ 143.12
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 112.69	\$ 112.69

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51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 124.43	\$ 124.43
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	PRIMARY PROCEDURE	54150		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	54161		\$ 181.57	not contracted	\$ 181.57	not contracted	\$ 181.57	not contracted	\$ 181.57	\$ 181.57
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	J2001		\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	\$ 4.49
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	PRIMARY PROCEDURE	54161		\$ 181.57	not contracted	\$ 181.57	not contracted	\$ 181.57	not contracted	\$ 181.57	\$ 181.57
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); NOT OTHERWISE SPECIFIED	00920		\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	not contracted	\$ 54.46	\$ 54.46
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ 5.18	not contracted	\$ 5.18	not contracted	\$ 5.18	not contracted	\$ 5.18	\$ 5.18
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	not contracted	\$ 5.26	\$ 5.26
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	not contracted	\$ 4.63	\$ 4.63
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.86	not contracted	\$ 4.86	not contracted	\$ 4.86	not contracted	\$ 4.86	\$ 4.86
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIAL/VENTRICULAR ANUS, TAG APPENDIX, OTHER THAN INCIDENTAL ARTERY, ATHEROMATOUS PLAQUE BARTHOLIN'S	88304		\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	\$ 30.48
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		\$ 83.31	not contracted	\$ 83.31	not contracted	\$ 83.31	not contracted	\$ 83.31	\$ 83.31
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	PRIMARY PROCEDURE	55700		\$ 125.50	not contracted	\$ 125.50	not contracted	\$ 125.50	not contracted	\$ 125.50	\$ 125.50
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	88342		\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	\$ 53.79
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ 6.35	not contracted	\$ 6.35	not contracted	\$ 6.35	not contracted	\$ 6.35	\$ 6.35
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	76942		\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	\$ 72.61

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58100		\$ 58.87	not contracted	\$ 58.87	not contracted	\$ 58.87	not contracted	\$ 58.87	\$ 58.87
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	PRIMARY PROCEDURE	58558		\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 251.48	\$ 251.48
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); HYSTEROSCOPY AND/OR HYSTEROSALPINGOGRAPHY	00952		\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	\$ 72.55

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	not contracted	\$ 2.60	not contracted	\$ 2.60	not contracted	\$ 2.60	\$ 2.60
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	85025		\$ 6.21	not contracted	\$ 6.21	not contracted	\$ 6.21	not contracted	\$ 6.21	\$ 6.21
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	\$ 2.38
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.39	not contracted	\$ 2.39	not contracted	\$ 2.39	not contracted	\$ 2.39	\$ 2.39
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 32.70	not contracted	\$ 32.70	not contracted	\$ 32.70	not contracted	\$ 32.70	\$ 32.70
59025	FETAL NON-STRESS TEST	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE	76827		\$ 82.58	not contracted	\$ 82.58	not contracted	\$ 82.58	not contracted	\$ 82.58	\$ 82.58
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT,	PRIMARY PROCEDURE	62322		\$ 198.66	not contracted	\$ 198.66	not contracted	\$ 198.66	not contracted	\$ 198.66	\$ 198.66

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT,	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	J7642		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT,	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	20552		\$ 75.29	not contracted	\$ 75.29	not contracted	\$ 75.29	not contracted	\$ 75.29	\$ 75.29
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT,	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT,	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT,	PRIMARY PROCEDURE	62323		\$ 315.61	not contracted	\$ 315.61	not contracted	\$ 315.61	not contracted	\$ 315.61	\$ 315.61
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	PRIMARY PROCEDURE	62329		\$ 421.99	not contracted	\$ 421.99	not contracted	\$ 421.99	not contracted	\$ 421.99	\$ 421.99
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD;	89050		\$ 5.22	not contracted	\$ 5.22	not contracted	\$ 5.22	not contracted	\$ 5.22	\$ 5.22
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	96450		\$ 187.39	not contracted	\$ 187.39	not contracted	\$ 187.39	not contracted	\$ 187.39	\$ 187.39
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	64635		\$ 280.20	not contracted	\$ 280.20	not contracted	\$ 280.20	not contracted	\$ 280.20	\$ 280.20

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		\$ 3.14	not contracted	\$ 3.14	not contracted	\$ 3.14	not contracted	\$ 3.14	\$ 3.14
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	INJECTION, CYTARABINE, 100 MG	J9100		\$ 5.15	not contracted	\$ 5.15	not contracted	\$ 5.15	not contracted	\$ 5.15	\$ 5.15
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	J1720		\$ 19.23	not contracted	\$ 19.23	not contracted	\$ 19.23	not contracted	\$ 19.23	\$ 19.23
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	METHOTREXATE SODIUM, 5 MG	J9250		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	84155		\$ 2.93	not contracted	\$ 2.93	not contracted	\$ 2.93	not contracted	\$ 2.93	\$ 2.93
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	A4216		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	PRIMARY PROCEDURE	64483		\$ 205.61	not contracted	\$ 205.61	not contracted	\$ 205.61	not contracted	\$ 205.61	\$ 205.61
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	PRIMARY PROCEDURE	64612		\$ 119.63	not contracted	\$ 119.63	not contracted	\$ 119.63	not contracted	\$ 119.63	\$ 119.63
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	PRIMARY PROCEDURE	64615		\$ 148.99	not contracted	\$ 148.99	not contracted	\$ 148.99	not contracted	\$ 148.99	\$ 148.99
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		\$ 10.54	not contracted	\$ 10.54	not contracted	\$ 10.54	not contracted	\$ 10.54	\$ 10.54

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		\$ 573.01	not contracted	\$ 573.01	not contracted	\$ 573.01	not contracted	\$ 573.01	\$ 573.01
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	00140		\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	\$ 90.84
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIAL/VENTRICULAR ANUS, TAG APPENDIX, OTHER THAN INCIDENTAL ARTERY, ATHEROMATOUS PLAQUE BARTHOLIN'S	88304		\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	\$ 30.48
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	PRIMARY PROCEDURE	66180		\$ 1,602.08	not contracted	\$ 1,602.08	not contracted	\$ 1,602.08	not contracted	\$ 1,602.08	\$ 1,602.08

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	00140		\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	\$ 90.84
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	AQUEOUS SHUNT	L8612		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	C1762		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	PRIMARY PROCEDURE	66710		\$ 356.74	not contracted	\$ 356.74	not contracted	\$ 356.74	not contracted	\$ 356.74	\$ 356.74
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	00140		\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	\$ 90.84
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	PRIMARY PROCEDURE	66761		\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	\$ 302.26
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (1 OR MORE STAGES)	PRIMARY PROCEDURE	66821		\$ 267.01	not contracted	\$ 267.01	not contracted	\$ 267.01	not contracted	\$ 267.01	\$ 267.01
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING	PRIMARY PROCEDURE	66982		\$ 1,447.21	not contracted	\$ 1,447.21	not contracted	\$ 1,447.21	not contracted	\$ 1,447.21	\$ 1,447.21
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING	POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC	PRIMARY PROCEDURE	66984		\$ 1,441.87	not contracted	\$ 1,441.87	not contracted	\$ 1,441.87	not contracted	\$ 1,441.87	\$ 1,441.87
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		\$ 108.91	not contracted	\$ 108.91	not contracted	\$ 108.91	not contracted	\$ 108.91	\$ 108.91
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC	POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	not contracted	\$ 6.84	\$ 6.84
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	67028		\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	\$ 522.28
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	PRIMARY PROCEDURE	67039		\$ 1,815.69	not contracted	\$ 1,815.69	not contracted	\$ 1,815.69	not contracted	\$ 1,815.69	\$ 1,815.69
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, INCLUDING, WHEN PERFORMED, AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR	PRIMARY PROCEDURE	67108		\$ 1,509.16	not contracted	\$ 1,509.16	not contracted	\$ 1,509.16	not contracted	\$ 1,509.16	\$ 1,509.16

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, INCLUDING, WHEN PERFORMED, AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	not contracted	\$ 7.35	\$ 7.35
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, INCLUDING, WHEN PERFORMED, AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, INCLUDING, WHEN PERFORMED, AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, INCLUDING, WHEN PERFORMED, AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	not contracted	\$ 4.55	\$ 4.55
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), 1 OR MORE SESSIONS; PHOTOCOAGULATION	PRIMARY PROCEDURE	67210		\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	\$ 605.06
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), PHOTOCOAGULATION	PRIMARY PROCEDURE	67228		\$ 430.42	not contracted	\$ 430.42	not contracted	\$ 430.42	not contracted	\$ 430.42	\$ 430.42
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	PRIMARY PROCEDURE	70553		\$ 467.23	not contracted	\$ 467.23	not contracted	\$ 467.23	not contracted	\$ 467.23	\$ 467.23
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	PRIMARY PROCEDURE	73721		\$ 294.53	not contracted	\$ 294.53	not contracted	\$ 294.53	not contracted	\$ 294.53	\$ 294.53
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	PRIMARY PROCEDURE	76700		\$ 119.34	not contracted	\$ 119.34	not contracted	\$ 119.34	not contracted	\$ 119.34	\$ 119.34

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	PRIMARY PROCEDURE	76805		\$ 135.29	not contracted	\$ 135.29	not contracted	\$ 135.29	not contracted	\$ 135.29	\$ 135.29
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	PRIMARY PROCEDURE	76811		\$ 228.11	not contracted	\$ 228.11	not contracted	\$ 228.11	not contracted	\$ 228.11	\$ 228.11
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES	PRIMARY PROCEDURE	76815		\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	\$ 90.30

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE	PRIMARY PROCEDURE	76827		\$ 82.58	not contracted	\$ 82.58	not contracted	\$ 82.58	not contracted	\$ 82.58	\$ 82.58
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 97.04	not contracted	\$ 97.04	not contracted	\$ 97.04	not contracted	\$ 97.04	\$ 97.04
76830	ULTRASOUND, TRANSVAGINAL	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN	88175		\$ 21.28	not contracted	\$ 21.28	not contracted	\$ 21.28	not contracted	\$ 21.28	\$ 21.28
76830	ULTRASOUND, TRANSVAGINAL	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	58100		\$ 58.87	not contracted	\$ 58.87	not contracted	\$ 58.87	not contracted	\$ 58.87	\$ 58.87
76830	ULTRASOUND, TRANSVAGINAL	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
76830	ULTRASOUND, TRANSVAGINAL	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	87491		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
76830	ULTRASOUND, TRANSVAGINAL	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	87624		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07
76830	ULTRASOUND, TRANSVAGINAL	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	87591		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07
76830	ULTRASOUND, TRANSVAGINAL	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY,	88305		\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	\$ 40.99
76830	ULTRASOUND, TRANSVAGINAL	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT	81002		\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	\$ 2.15
76830	ULTRASOUND, TRANSVAGINAL	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	81025		\$ 2.80	not contracted	\$ 2.80	not contracted	\$ 2.80	not contracted	\$ 2.80	\$ 2.80

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	PRIMARY PROCEDURE	77067		\$ 173.48	not contracted	\$ 173.48	not contracted	\$ 173.48	not contracted	\$ 173.48	\$ 173.48
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN	PRIMARY PROCEDURE	78452		\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	\$ 499.34
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN	INJECTION, REGADENOSON, 0.1 MG	J2785		\$ 64.01	not contracted	\$ 64.01	not contracted	\$ 64.01	not contracted	\$ 64.01	\$ 64.01
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, IONIZED (82330) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	PRIMARY PROCEDURE	80047		\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 8.17	\$ 8.17

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, IONIZED (82330) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	PRIMARY PROCEDURE	80048		\$ 6.76	not contracted	\$ 6.76	not contracted	\$ 6.76	not contracted	\$ 6.76	\$ 6.76
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	85027		\$ 5.17	not contracted	\$ 5.17	not contracted	\$ 5.17	not contracted	\$ 5.17	\$ 5.17
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	PROTHROMBIN TIME;	85610		\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	\$ 3.43
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565)	PRIMARY PROCEDURE	80053		\$ 8.44	not contracted	\$ 8.44	not contracted	\$ 8.44	not contracted	\$ 8.44	\$ 8.44
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565)	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565)	HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 7.76	not contracted	\$ 7.76	not contracted	\$ 7.76	not contracted	\$ 7.76	\$ 7.76

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
80076	HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) BILIRUBIN, DIRECT (82248) PHOSPHATASE, ALKALINE (84075) PROTEIN, TOTAL (84155) TRANSFERASE, ALANINE AMINO (ALT)	PRIMARY PROCEDURE	80076		\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 6.38	\$ 6.38
80076	HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) BILIRUBIN, DIRECT (82248) PHOSPHATASE, ALKALINE (84075) PROTEIN, TOTAL (84155) TRANSFERASE, ALANINE AMINO (ALT)	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON- AUTOMATED, WITH	PRIMARY PROCEDURE	81000		\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	\$ 2.58
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	PRIMARY PROCEDURE	81001		\$ 2.53	not contracted	\$ 2.53	not contracted	\$ 2.53	not contracted	\$ 2.53	\$ 2.53

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE	87088		\$ 6.08	not contracted	\$ 6.08	not contracted	\$ 6.08	not contracted	\$ 6.08	\$ 6.08
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	87491		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	87591		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	99396		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON- AUTOMATED, WITH	81000		\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	\$ 2.58
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON- AUTOMATED, WITHOUT	PRIMARY PROCEDURE	81002		\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	\$ 2.15
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	PRIMARY PROCEDURE	81003		\$ 1.80	not contracted	\$ 1.80	not contracted	\$ 1.80	not contracted	\$ 1.80	\$ 1.80

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN	88175		\$ 21.28	not contracted	\$ 21.28	not contracted	\$ 21.28	not contracted	\$ 21.28	\$ 21.28
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	87491		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH- RISK TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	87624		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	87591		\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	not contracted	\$ 28.07	\$ 28.07

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION [MIC] OR BREAKPOINT), EACH MULTI-ANTIMICROBIAL, PER PLATE	87186		\$ 6.92	not contracted	\$ 6.92	not contracted	\$ 6.92	not contracted	\$ 6.92	\$ 6.92
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH	81001		\$ 2.53	not contracted	\$ 2.53	not contracted	\$ 2.53	not contracted	\$ 2.53	\$ 2.53
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON- AUTOMATED, WITHOUT	81002		\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	\$ 2.15

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	PRIMARY PROCEDURE	84153		\$ 14.71	not contracted	\$ 14.71	not contracted	\$ 14.71	not contracted	\$ 14.71	\$ 14.71
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		\$ 13.44	not contracted	\$ 13.44	not contracted	\$ 13.44	not contracted	\$ 13.44	\$ 13.44
84443	THYROID STIMULATING HORMONE (TSH)	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	THYROXINE; FREE	84439		\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	\$ 7.21
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	PRIMARY PROCEDURE	85025		\$ 6.21	not contracted	\$ 6.21	not contracted	\$ 6.21	not contracted	\$ 6.21	\$ 6.21
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	PRIMARY PROCEDURE	85027		\$ 5.17	not contracted	\$ 5.17	not contracted	\$ 5.17	not contracted	\$ 5.17	\$ 5.17
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE	87088		\$ 6.08	not contracted	\$ 6.08	not contracted	\$ 6.08	not contracted	\$ 6.08	\$ 6.08

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH	81000		\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	\$ 2.58
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT	81002		\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	\$ 2.15
85610	PROTHROMBIN TIME;	PRIMARY PROCEDURE	85610		\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	\$ 3.43
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	PRIMARY PROCEDURE	86850		\$ 2.60	not contracted	\$ 2.60	not contracted	\$ 2.60	not contracted	\$ 2.60	\$ 2.60
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	\$ 2.38
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.39	not contracted	\$ 2.39	not contracted	\$ 2.39	not contracted	\$ 2.39	\$ 2.39
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	PRIMARY PROCEDURE	90471		\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	\$ 6.40

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	PRIMARY PROCEDURE	90653		\$ 91.79	not contracted	\$ 91.79	not contracted	\$ 91.79	not contracted	\$ 91.79	\$ 91.79
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	90471		\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	\$ 6.40
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	PRIMARY PROCEDURE	90658		\$ 32.56	not contracted	\$ 32.56	not contracted	\$ 32.56	not contracted	\$ 32.56	\$ 32.56

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	90471		\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	\$ 6.40
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	PRIMARY PROCEDURE	90686		\$ 34.48	not contracted	\$ 34.48	not contracted	\$ 34.48	not contracted	\$ 34.48	\$ 34.48
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	90471		\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	\$ 6.40

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	PRIMARY PROCEDURE	90723		\$ 130.19	not contracted	\$ 130.19	not contracted	\$ 130.19	not contracted	\$ 130.19	\$ 130.19
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJUGATE, 4 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	90648		\$ 29.74	not contracted	\$ 29.74	not contracted	\$ 29.74	not contracted	\$ 29.74	\$ 29.74
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	90471		\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	\$ 6.40

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP- HEPB-IPV), FOR INTRAMUSCULAR USE	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO	90472		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP- HEPB-IPV), FOR INTRAMUSCULAR USE	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	90473		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP- HEPB-IPV), FOR INTRAMUSCULAR USE	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP- HEPB-IPV), FOR INTRAMUSCULAR USE	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	99391		\$ 49.76	not contracted	\$ 49.76	not contracted	\$ 49.76	not contracted	\$ 49.76	\$ 49.76

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					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR INTRAMUSCULAR USE	90670		\$ 352.63	not contracted	\$ 352.63	not contracted	\$ 352.63	not contracted	\$ 352.63	\$ 352.63
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	90680		\$ 131.38	not contracted	\$ 131.38	not contracted	\$ 131.38	not contracted	\$ 131.38	\$ 131.38
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	PRIMARY PROCEDURE	90750		\$ 238.78	not contracted	\$ 238.78	not contracted	\$ 238.78	not contracted	\$ 238.78	\$ 238.78
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	90471		\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	\$ 6.40
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 75.84	not contracted	\$ 75.84	not contracted	\$ 75.84	not contracted	\$ 75.84	\$ 75.84

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	T1014		\$ 0.34	not contracted	\$ 0.34	not contracted	\$ 0.34	not contracted	\$ 0.34	\$ 0.34
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 96.33	not contracted	\$ 96.33	not contracted	\$ 96.33	not contracted	\$ 96.33	\$ 96.33
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$ 140.60	not contracted	\$ 140.60	not contracted	\$ 140.60	not contracted	\$ 140.60	\$ 140.60
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	PRIMARY PROCEDURE	90847		\$ 73.15	not contracted	\$ 73.15	not contracted	\$ 73.15	not contracted	\$ 73.15	\$ 73.15
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	90846		\$ 124.28	not contracted	\$ 124.28	not contracted	\$ 124.28	not contracted	\$ 124.28	\$ 124.28
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE- FAMILY GROUP)	PRIMARY PROCEDURE	90853		\$ 4.98	not contracted	\$ 4.98	not contracted	\$ 4.98	not contracted	\$ 4.98	\$ 4.98
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	91110		\$ 1,153.67	not contracted	\$ 1,153.67	not contracted	\$ 1,153.67	not contracted	\$ 1,153.67	\$ 1,153.67
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	91112		\$ 1,550.69	not contracted	\$ 1,550.69	not contracted	\$ 1,550.69	not contracted	\$ 1,550.69	\$ 1,550.69
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, NEW PATIENT	PRIMARY PROCEDURE	92002		\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	\$ 53.29

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT	PRIMARY PROCEDURE	92012		\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	\$ 53.29
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, 1 OR MORE VISITS	PRIMARY PROCEDURE	92014		\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 55.12	\$ 55.12
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, 1 OR MORE VISITS	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	67028		\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	\$ 522.28
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTO PLOT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR	PRIMARY PROCEDURE	92081		\$ 47.26	not contracted	\$ 47.26	not contracted	\$ 47.26	not contracted	\$ 47.26	\$ 47.26

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					Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
92134	SCANNING COMPUTERIZED OPTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA	PRIMARY PROCEDURE	92134		\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 46.26	\$ 46.26
92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	PRIMARY PROCEDURE	92235		\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 117.23	\$ 117.23
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	PRIMARY PROCEDURE	92504		\$ 23.88	not contracted	\$ 23.88	not contracted	\$ 23.88	not contracted	\$ 23.88	\$ 23.88
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	\$ 25.35
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	92557		\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	\$ 58.61
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	PRIMARY PROCEDURE	92557		\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	\$ 58.61

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92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	\$ 25.35
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	93000		\$ 41.17	not contracted	\$ 41.17	not contracted	\$ 41.17	not contracted	\$ 41.17	\$ 41.17
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	93005		\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	\$ 23.52
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; WITH SUPERVISION, INTERPRETATION AND REPORT	PRIMARY PROCEDURE	93015		\$ 137.57	not contracted	\$ 137.57	not contracted	\$ 137.57	not contracted	\$ 137.57	\$ 137.57
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; WITH SUPERVISION, INTERPRETATION AND REPORT	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	93017		\$ 75.31	not contracted	\$ 75.31	not contracted	\$ 75.31	not contracted	\$ 75.31	\$ 75.31

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93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	PRIMARY PROCEDURE	93017		\$ 75.31	not contracted	\$ 75.31	not contracted	\$ 75.31	not contracted	\$ 75.31	\$ 75.31
93247	EXT ECG>7D<15D SCAN A/R EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH	PRIMARY PROCEDURE	93247		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93280	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT BY	PRIMARY PROCEDURE	93280		\$ 83.07	not contracted	\$ 83.07	not contracted	\$ 83.07	not contracted	\$ 83.07	\$ 83.07
93283	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT BY	PRIMARY PROCEDURE	93283		\$ 108.87	not contracted	\$ 108.87	not contracted	\$ 108.87	not contracted	\$ 108.87	\$ 108.87

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93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER;	PRIMARY PROCEDURE	93288		\$ 54.54	not contracted	\$ 54.54	not contracted	\$ 54.54	not contracted	\$ 54.54	\$ 54.54
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER;	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER;	PRIMARY PROCEDURE	93289		\$ 83.48	not contracted	\$ 83.48	not contracted	\$ 83.48	not contracted	\$ 83.48	\$ 83.48
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	PRIMARY PROCEDURE	93306		\$ 343.91	not contracted	\$ 343.91	not contracted	\$ 343.91	not contracted	\$ 343.91	\$ 343.91

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93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY	PRIMARY PROCEDURE	93308		\$ 107.65	not contracted	\$ 107.65	not contracted	\$ 107.65	not contracted	\$ 107.65	\$ 107.65
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	PRIMARY PROCEDURE	93451		\$ 1,002.11	not contracted	\$ 1,002.11	not contracted	\$ 1,002.11	not contracted	\$ 1,002.11	\$ 1,002.11
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	J2001		\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	\$ 4.49
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	93503		\$ 182.14	not contracted	\$ 182.14	not contracted	\$ 182.14	not contracted	\$ 182.14	\$ 182.14
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	PRIMARY PROCEDURE	93452		\$ 1,094.25	not contracted	\$ 1,094.25	not contracted	\$ 1,094.25	not contracted	\$ 1,094.25	\$ 1,094.25

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132)	80048		\$ 6.76	not contracted	\$ 6.76	not contracted	\$ 6.76	not contracted	\$ 6.76	\$ 6.76
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	85025		\$ 6.21	not contracted	\$ 6.21	not contracted	\$ 6.21	not contracted	\$ 6.21	\$ 6.21
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	not contracted	\$ 4.76	\$ 4.76
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	J2001		\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	\$ 4.49
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	PROTHROMBIN TIME;	85610		\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	not contracted	\$ 3.43	\$ 3.43

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	85730		\$ 4.80	not contracted	\$ 4.80	not contracted	\$ 4.80	not contracted	\$ 4.80	\$ 4.80
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	PRIMARY PROCEDURE	95816		\$ 108.41	not contracted	\$ 108.41	not contracted	\$ 108.41	not contracted	\$ 108.41	\$ 108.41
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	PRIMARY PROCEDURE	95819		\$ 93.25	not contracted	\$ 93.25	not contracted	\$ 93.25	not contracted	\$ 93.25	\$ 93.25
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS)	PRIMARY PROCEDURE	95957		\$ 166.89	not contracted	\$ 166.89	not contracted	\$ 166.89	not contracted	\$ 166.89	\$ 166.89
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS)	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	95819		\$ 93.25	not contracted	\$ 93.25	not contracted	\$ 93.25	not contracted	\$ 93.25	\$ 93.25
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	PRIMARY PROCEDURE	96365		\$ 89.79	not contracted	\$ 89.79	not contracted	\$ 89.79	not contracted	\$ 89.79	\$ 89.79
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	J2916		\$ 6.62	not contracted	\$ 6.62	not contracted	\$ 6.62	not contracted	\$ 6.62	\$ 6.62
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	PRIMARY PROCEDURE	96413		\$ 41.01	not contracted	\$ 41.01	not contracted	\$ 41.01	not contracted	\$ 41.01	\$ 41.01

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	INJECTION, NATALIZUMAB, 1 MG	J2323		\$ 27.71	not contracted	\$ 27.71	not contracted	\$ 27.71	not contracted	\$ 27.71	\$ 27.71
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	PRIMARY PROCEDURE	97110		\$ 15.72	not contracted	\$ 15.72	not contracted	\$ 15.72	not contracted	\$ 15.72	\$ 15.72
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON- SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, WET-TO-MOIST DRESSINGS, ENZYMATIC, ABRASION, LARVAL THERAPY), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND	PRIMARY PROCEDURE	97602		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, WET-TO-MOIST DRESSINGS, ENZYMATIC, ABRASION, LARVAL THERAPY), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT	PRIMARY PROCEDURE	98966		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT	PRIMARY PROCEDURE	98967		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT	PRIMARY PROCEDURE	98968		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE SURGICAL PACKAGE, TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) RELATED TO THE	PRIMARY PROCEDURE	99024		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	99195		\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	\$ 23.52
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION	PRIMARY PROCEDURE	99201		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION;	PRIMARY PROCEDURE	99202		\$ 49.20	not contracted	\$ 49.20	not contracted	\$ 49.20	not contracted	\$ 49.20	\$ 49.20

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION;	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL	77066		\$ 214.24	not contracted	\$ 214.24	not contracted	\$ 214.24	not contracted	\$ 214.24	\$ 214.24
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY.	PRIMARY PROCEDURE	99203		\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	\$ 82.05
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF	PRIMARY PROCEDURE	99204		\$ 98.83	not contracted	\$ 98.83	not contracted	\$ 98.83	not contracted	\$ 98.83	\$ 98.83
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH	PRIMARY PROCEDURE	99205		\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	\$ 118.62

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. USUALLY, THE PRESENTING	PRIMARY PROCEDURE	99211		\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 17.21	\$ 17.21
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	PRIMARY PROCEDURE	99212		\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	\$ 25.96
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL	77065		\$ 169.10	not contracted	\$ 169.10	not contracted	\$ 169.10	not contracted	\$ 169.10	\$ 169.10

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	95810		\$ 499.27	not contracted	\$ 499.27	not contracted	\$ 499.27	not contracted	\$ 499.27	\$ 499.27
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	PRIMARY PROCEDURE	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION	PRIMARY PROCEDURE	99214		\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	\$ 53.79

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99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION;	PRIMARY PROCEDURE	99215		\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	\$ 82.05
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING	PRIMARY PROCEDURE	99241		\$ 43.89	not contracted	\$ 43.89	not contracted	\$ 43.89	not contracted	\$ 43.89	\$ 43.89
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION	PRIMARY PROCEDURE	99242		\$ 67.70	not contracted	\$ 67.70	not contracted	\$ 67.70	not contracted	\$ 67.70	\$ 67.70
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR	PRIMARY PROCEDURE	99243		\$ 85.35	not contracted	\$ 85.35	not contracted	\$ 85.35	not contracted	\$ 85.35	\$ 85.35

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99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY.	PRIMARY PROCEDURE	99244		\$ 116.76	not contracted	\$ 116.76	not contracted	\$ 116.76	not contracted	\$ 116.76	\$ 116.76
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99381		\$ 65.02	not contracted	\$ 65.02	not contracted	\$ 65.02	not contracted	\$ 65.02	\$ 65.02
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99382		\$ 67.60	not contracted	\$ 67.60	not contracted	\$ 67.60	not contracted	\$ 67.60	\$ 67.60
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99383		\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	\$ 78.65

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99384		\$ 94.35	not contracted	\$ 94.35	not contracted	\$ 94.35	not contracted	\$ 94.35	\$ 94.35
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99385		\$ 163.67	not contracted	\$ 163.67	not contracted	\$ 163.67	not contracted	\$ 163.67	\$ 163.67
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99386		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99391		\$ 49.76	not contracted	\$ 49.76	not contracted	\$ 49.76	not contracted	\$ 49.76	\$ 49.76
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99392		\$ 53.63	not contracted	\$ 53.63	not contracted	\$ 53.63	not contracted	\$ 53.63	\$ 53.63
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99393		\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	\$ 62.90

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99394		\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	\$ 78.65
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99395		\$ 147.60	not contracted	\$ 147.60	not contracted	\$ 147.60	not contracted	\$ 147.60	\$ 147.60
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION	PRIMARY PROCEDURE	99396		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 15 MINUTES	PRIMARY PROCEDURE	99401		\$ 18.56	not contracted	\$ 18.56	not contracted	\$ 18.56	not contracted	\$ 18.56	\$ 18.56

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 15 MINUTES	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY	96040		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 30 MINUTES	PRIMARY PROCEDURE	99402		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 30 MINUTES	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY	96040		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO MAY REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT, PARENT, OR	PRIMARY PROCEDURE	99441		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO MAY REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT, PARENT, OR	PRIMARY PROCEDURE	99442		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO MAY REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT, PARENT, OR	PRIMARY PROCEDURE	99443		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, ESTABLISHED PATIENT	PRIMARY PROCEDURE	99606		\$ 61.68	not contracted	\$ 61.68	not contracted	\$ 61.68	not contracted	\$ 61.68	\$ 61.68
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	\$ 15.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	\$ 35.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0150		\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	\$ 25.00
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	\$ 25.00
D0330	PANORAMIC FILM	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	\$ 35.00
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 40.00	\$ 40.00

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
D1110	PROPHYLAXIS-ADULT	DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		\$ 6.00	not contracted	\$ 6.00	not contracted	\$ 6.00	not contracted	\$ 6.00	\$ 6.00
D1110	PROPHYLAXIS-ADULT	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	\$ 35.00
D1110	PROPHYLAXIS-ADULT	ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
D1330	ORAL HYGIENE INSTRUCTION	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	\$ 35.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS	PRIMARY PROCEDURE	D7140		\$ 41.00	not contracted	\$ 41.00	not contracted	\$ 41.00	not contracted	\$ 41.00	\$ 41.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	\$ 35.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS	LOCAL ANESTHESIA	D9215		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS	PANORAMIC FILM	D0330		\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	\$ 25.00
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	PRIMARY PROCEDURE	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS	72110		\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	\$ 62.90

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES, PROVIDED TO AN ESTABLISHED PATIENT,	PRIMARY PROCEDURE	G2012		\$ 17.90	not contracted	\$ 17.90	not contracted	\$ 17.90	not contracted	\$ 17.90	\$ 17.90
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	PRIMARY PROCEDURE	J2250		\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	\$ 4.58
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	\$ 5.08
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	PRIMARY PROCEDURE	T1014		\$ 0.34	not contracted	\$ 0.34	not contracted	\$ 0.34	not contracted	\$ 0.34	\$ 0.34
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM	99213		\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	\$ 34.43
U0003	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE	PRIMARY PROCEDURE	U0003		\$ 107.58	not contracted	\$ 107.58	not contracted	\$ 107.58	not contracted	\$ 107.58	\$ 107.58
80055	Obstetric blood test panel			Not offered	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
84154	PSA (prostate specific antigen)			Not offered	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
80061	Blood test, lipids (cholesterol and triglycerides)			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80069	Kidney function panel test			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70450	CT scan, head or brain, without contrast			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72148	MRI scan of lower spinal canal			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72193	CT scan, pelvis, with contrast			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
74177	CT scan of abdomen and pelvis with contrast			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59400	Routine obstetric care for vaginal delivery, including pre- and post-delivery care			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59510	Routine obstetric care for cesarean delivery, including pre- and post-delivery care			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59610	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Footnotes:

* Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".

** Facility Rates are based on the contract term, using 100% of Medi-Cal Hospital Outpatient Fee Schedule published on October 15, 2021.

Dental services' rates use 100% of Medi-Cal Dental Schedule of Maximum Allowances published on October 1, 2021, excluding supplemental payments.

*** Physician services are not contracted.